	C FINANCING STATEMENT AMENDN	MENT				Kiriktra	K KANS
_	OW INSTRUCTIONS (front and back) CAREFULLY AME & PHONE OF CONTACT AT FITER (optional)) HUN (M) 2 (090827		
3. SI	END ACKNOWLEDGMENT TO: (Name and Address)		8/2	SKa 27/2009 г	igit County /		
		į.			aye 1	of 1	11:27AM
	SEND ACKNOWLEDGEMENTS TO: JENNIFER MALMBERG						
-	C/O UNISEARCH, INC.						
	P.O. BOX 11940	ļ					
	OLYMPIA, WA 98508-1940						
			THE	ABOVE SPAC	E IS FOR FILING	OFFICE USI	E ONLY
	ITIAL FINANCING STATEMENT FILE#				1b. This FINANCING to be filed (for re		
	801220134 TERMINATION: Effectiveness of the Financing Statement identified	stovo je terminateri with respi	ect to security into	erest(s) of the Se	REAL ESTATE		tion Statement.
	CONTINUATION: Effectiveness of the Financing Statement identifi						
`L_	continued for the additional period provided by applicable law.	er en					
L	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assignee in	item 7c; and also	give name of a	seignor in Item 9.		
	IENDMENT (PARTY INFORMATION): This Amendment affects		Perty of record.	Check only <u>one</u>	of these two boxes.		
Als	o chack <u>one</u> of the following three boxes <u>and</u> provide appropriate informations. CHANGE name and/or address: Give current record name in item be or		ELETE name: Gir	ve record name	ADD name; Co	omplete item 7	a or 7b, and also 7d-7g (if applicable
	CHANGE name and/or address: Give current record name in item ha or name (if name change) in item 7a or 7b and/or new address (if address : IRRENT RECORD INFORMATION:	change) in item 7cto	be deleted in item	n 6a or 6b.	item 7c; also co	omplete Items	7d-7g (if applicable
	e. ORGANIZATION'S NAME DAI SUNG ENTERPRISE, C	O / DAYS INN					
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R	b. INDIVIDUAL'S LAST NAME	FIRST NAME			MIDDLE NAME		SUFFIX
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	HANGED (NEW) OR ADDED INFORMATION: a. ORGANIZATION'S NAME						
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		FIRST NAME			MIDDLE NAME		SUFFIX
IR F	e. ORGANIZATION'S NAME 15. INDIVIDUAL'S LAST NAME	FIRST NAME				CODE	SUFFIX
IR F	a. ORGANIZATION'S NAME				MIDDLE NAME	CODE	
R 5	D. ORGANIZATION'S NAME TO INDIVIDUAL'S LAST NAME ALLING ADDRESS TO RE TO TYPE OF ORGANIZATIONS TO RE TO THE TOP ORGANIZATIONS TO THE TOP ORGAN	ату	OFORGANIZAT		MIDDLE NAME		
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c. M	e. ORGANIZATION'S NAME TO INDIVIDUAL'S LAST NAME ALLING ADDRESS TO INSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box.	CITY ON 71. JURISDICTION		ION	MIDDLE NAME STATE POSTAL C		COUNTRY
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